

September 21, 2021

Moussa N Ndam
8 Carmody Court, Apt 668
South Boston, MA 02127
Ndanjomo66@gmail.com
(774)826-8422

VS.

Ms. VIVIANE NOGAROTTO
PHARMACY MANAGER
CVS/EATON APOTHECARY
420 W. BROADWAY
BOSTON, MA 02127
(617)268-9500

Object: Complaint

TO THE DISTRICT COURT:

I am writing this complaint in regards to the inadequate training which I have received while participating for the CVS External internship program. I paid \$1,800.00 to participate in the Pharmacy Technical Program and did not receive the full benefits of instructions to be able to take the National Pharmacy to get the Certification:

There were eight phases in the program as followed:

1. DATA ENTRY
2. ADJUDICATION
3. **DISPENSING**
4. PV2
5. WIL CALL
6. PREFILE LIST
7. ORDERS
8. COMMUNICATION

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IN CLERKS OFFICE
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U.S. DISTRICT COURT
DISTRICT OF MASS.

Ms. NOGAROTTO trained me on one phase only which was DISPENSING during the 150 hours. I paid \$1,800.00 for the training. For me that was a lot of money. I had to walk five blocks after work for training.

The Manager frowned on me when asking too many questions. She checked my folder of notes and complained that I was taking too many notes. In the middle of the training she obliged me to turn in the folder of notes she lent me and which I used in the meantime for my training. Ms. Nogarotto repeatedly praised me for doing well followed by the promises to learn the new phase the next day but that "next day" never came until my training had ended which she was no show.

When the pharmacists on duty realized that I was not trained on numerous phases of the program, they rushed to teach me "DATA ENTRY" which was not even a difficult subject and it was too late to help out. The new Intern MATTHEW regretted so much that he gave me his contact telephone number to reach him if I had a question.

In addition to the training which was mandated to have, I was also subject to the daily routines before I left my training site: Vacuuming the entire pharmacy floor, and taking the garbage out every evening. I took my vacation time to concentrate in my training. I had perfect attendance but still I did not receive adequate training. I lost my precious time, lost my money and my dignity.

I reached out to Mr. JON DaSilva, the CVS Health Learning Center Manager to inform him that I was ill-prepared at that time to move forward because of the 57 phases were completely ignored.

Because I felt it was a complete failure on Ms. ViViane Nogarotto's part to instruct me in all seven phases during the allotted time. Mr. DaSilva did not help me complete my training at CVS Pharmacy Inc.

Ms. Viviane Nogarotto, Pharmacy Manager at CVS Inc. through a prism of discrimination had ended my career in Pharmacy Technician

I strongly believe that the two main factors that influenced my instructor were race and age and I clearly believe that all the evidence bears this out.

Moussa N. Ndam

A handwritten signature in black ink, appearing to be 'Moussa N. Ndam', written over a large, loopy, horizontal oval shape.

UNITED STATES DISTRICT COURT

for the

District of Massachusetts

MOUSSA N. NDAM

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

VIVIANE NOGAROTTO

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. _____

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

MOUSSA N. NDAM8 Connelly Ct # 668South Boston,MA 02127774-826-8422ndanyoma66@gmail.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

Defendant No. 1

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

VIVIANE NOGAROTTO
PHARMACY MANAGER, CVS/
EATON Apothecary 430 W. Broadway
BOSTON
MA 02127
617-765-2582 / 617-268-9500

Defendant No. 2

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Defendant No. 3

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

Defendant No. 4

Name
Job or Title *(if known)*
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address *(if known)*

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*



Federal question



Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

B. If the Basis for Jurisdiction Is Diversity of Citizenship**1. The Plaintiff(s)****a. If the plaintiff is an individual**

The plaintiff, *(name)* MOUSSA N. NDAM, is a citizen of the State of *(name)* MASSACHUSETTS.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)**a. If the defendant is an individual**

The defendant, *(name)* VIVIANE NOGARA is a citizen of the State of *(name)* MASSACHUSETTS. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under the laws of the State of (name) _____, and has its principal place of business in the State of (name) _____.

Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

IN order to becoming a PHARMACY TECHNICIAN, I was required to use 150 hours training to make 8 phases of the pharmacy tech. Program. MS. VIVIAN instructed me in one phase only - SHE was willing to train me - SHE made loose my career of PHARMACY technician by the spending \$1800. ~~for the program~~

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I want CVS to pay for the damages required by law. VIVIANE NOGAROTTO made my life unbearable and she needs to pay me more money for also discriminating against me

I am claiming \$75,000.00 for damages
I would be paid \$35,000 as a pharmacy technician

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 09/21/21

Signature of Plaintiff

Printed Name of Plaintiff



MOUSSA N. NDAM

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address